

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019377

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 78

FILED JUN 4 1962

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		c. CITY (If outside, give location) OR TOWN Warrensburg	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center Inc.		d. STREET ADDRESS (If outside, give location) 408 West Gay Street	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Noble Middle Lawrence Last Davis		4. DATE OF DEATH Month May Day 27 , Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-4-93
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 6 Days 4 Hours 93 Min.	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Retail grocery	
11. BIRTHPLACE (City and state or country) Warrensburg, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME W.O. Davis		13b. MOTHER'S MAIDEN NAME Maggie Terhurst	
14. NAME OF HUSBAND OR WIFE Vera Linderman Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Vera M. Davis, Warrensburg, Missouri.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary infarct ant. wall Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Generalized arteriosclerosis DUE TO (c) ?		INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emboli rt. femoral artery		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10 a.m. p.m. Month, Day, Year 5-27-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Warrensburg, Missouri.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 5-27-62 to 5-27-62 and last saw her/him alive on 5-27-62 Death occurred at 10:45 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. Lee Cooper (Degree or title) M.D.		22b. ADDRESS Warrensburg, Missouri.	
22c. DATE SIGNED 5/28/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-31-62	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill	
23d. LOCATION (City, town, or county) Warrensburg, Missouri.		(State)	
24. FUNERAL DIRECTOR Sweeney Phillips, Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. May 28, 1962	
26. REGISTRAR'S SIGNATURE Lavannah Catefield			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

2961 5 NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Earhart

Licensed Embalmer No. 3878

P. O. Address Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.